



**I. PWS INFORMATION:** Refer to your DEP Coliform Sampling Plan to help complete the PWS Information and DEP Approved Sample Site Information sections below.

PWS ID #:  PWS Name:  City/Town:  Class: COM ☐ NTNC ☐ TNC ☐

**II. ANALYTICAL INFORMATION:** Refer to your MassDEP state lab certificate for proper Lab MA Cert.# and certified methods.

Primary Lab MA Cert.#:  Primary Lab Name:  Subcontracted? (Y/N):   
Analysis Lab MA Cert.#:  MA-005 Analysis Lab:  Andover Water Plant Lab

☒ Original Report ☐ Resubmitted Report ☐ Confirmation Report

(1) Reason for Resubmission: ☐ Resample ☐ Reanalysis ☐ Report Correction

(2) Collection Date of Original Sample:

TC Method	<i>E.Coli</i> Method	Fecal Coliform	HPC Method
9223B	9223B		9215B

**Lab Sample Notes:**

<sup>2</sup> SWTR systems: HPC samples shall be taken at the same distribution sites and at the same time as total coliform, vibrio, and fecal coliform samples.

<sup>3</sup> Sample Type: RS-Routine Distribution Sample, RO-Original Site Repeat, UR-Upstream Repeat, DR-Downstream Repeat, AR-Additional Repeat

4 Report as #/100 mL, P (present), A (absent), or Too Numerous To Count; TNTC-I (invalid) or TNTC-P (present)

<sup>5</sup> Collect appropriate number of repeat samples within 24 hours of laboratory notification.

Collect appropriate number of repeat samples within 24 hours of laboratory notification for coliform-positive or invalid samples. Notify DEP of any routine or repeat E.Coli or fecal positive results by the end of the business day.

*I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.*

Laboratory Authorized Signature and Date:

Date \_\_\_\_\_

DEP Review Status:

☐ Accepted ☐ Disapproved

Review Comments:

Repeat E. Coli or fecal positive results by the end of the business day.

Alan C. 10/13/16





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**II. ANALYTICAL INFORMATION:** Refer to your MassDEP state lab certificate for proper Lab MA Cert.# and certified methods.

Primary Lab MA Cert.#:  Primary Lab Name:  Subcontracted? (Y/N):

Analysis Lab MA Cert.#: MA-005 Analysis Lab: Andover Water Plant Lab

☒ Original Report ☐ Resubmitted Report ☐ Confirmation Report

(1) Reason for Resubmission: ☐ Resample ☐ Reanalysis ☐ Report Correction

(2) Collection Date of Original Sample:

TC Method	<i>E.Coli</i> Method	Fecal Coliform	HPC Method
9223B	9223B		9215B

**Lab Sample Notes:**

DEP APPROVED SAMPLE SITE INFORMATION<sup>1</sup>

<sup>2</sup> SWTR systems: HPC samples shall be taken at the same distribution sites and at the same time as the Total Coliform samples.

<sup>2</sup> SWTR systems: HPC samples shall be taken at the same distribution sites and at the same time as total coliform, whenever chlorine residual is not detected at the sample site.

<sup>4</sup> Report as #/100 mL: P (present), A (absent), or Too Numerous To Count: TNTC (i) (invidid) or TNTC B (present)

4 Report as #/100 mL, P (present), A (absent), or Too Numerous To Count: TNTC-I (invalid) or TNTC-P (present).

<sup>5</sup> Collect appropriate number of repeat samples within 24 hours of laboratory notification for coliform-positive or invalid samples. Notify DEP of any routine or repeat E.Coli or fecal positive results by the end of the business day.

*I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.*

Laboratory Authorized Signature and

Date:

Water, PT-Plant Tap, SS-Special Sample

repeat E.Coli or fecal positive results by the end of the business day.

*Klaus* 10/20/16

DEP Review Status:

☐ Accepted ☐ Disapproved

Review Comments:



# BACTERIOLOGICAL REPORT

**B**

**I. PWS INFORMATION:** Refer to your DEP Coliform Sampling Plan to help complete the PWS Information and DEP Approved Sample Site Information sections below.

PWS ID #: 3213000

PWS Name: NORTH READING WATER DEPARTMENT

City/Town: **NORTH READING**

Class: COM ☐ NTNC ☐ TNC ☐

**II. ANALYTICAL INFORMATION:** Refer to your MassDEP state lab certificate for proper Lab MA Cert.# and certified methods.

Primary Lab MA Cert.#:

**Primary Lab Name:**

Subcontracted? (Y/N): ☐

Analysis Lab MA Cert.#:

MA-005

### Analysis Lab:

Andover Water Plant Lab

☒ Original Report ☐ Resubmitted Report ☐ Confirmation Report

(1) Reason for Resubmission: ☐ Resample ☐ Reanalysis ☐ Report Correction

(2) Collection Date of Original Sample:

### TC Method

### ***E. Coli* Method**

### Fecal Coliform

### HPC Method

**9222B+9223B**

**9215B**

**Lab Sample Notes:**

[illegible]

<sup>2</sup> SWTR systems: HPC samples shall be taken at the same distribution sites and at the same time as the Total Coliform samples.

<sup>3</sup> Sample Type: RS-Routine Distribution Sample, RO-Original Site Repeat, HP-Hotspot Repeat, BB-Bioassay, and T-Total Coliform. <sup>4</sup> Sample Type: HPC-High Potency Coliform Count, and T-Approved Sample Site Location must correspond to the sample information on your DEP Total Coliform Sampling Plan

Sample Type: RS-Routine Distribution Sample, RO-Original Site Repeat, UR-Upstream Repeat, DR-Downstream Repeat, AR-Additional Repeat, RW-Raw Water, PT-Plant Tap, SS-Special Sample

4 Report as #/100 mL, P (present), A (absent), or Too Numerous To Count: TNTC-I (invalid) or TNTC-P (present).

<sup>5</sup> Collect appropriate number of repeat samples within 24 hours of laboratory notification for coliform-positive or invalid samples. Notify DEP of any routine or repeat E.Coli or fecal positive results by the end of the business day.

I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.

Laboratory Authorized Signature and

Date:

DEP Review Status:

☐ Accepted ☐ Disapproved

Review Comments:





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Primary Lab MA Cert.#:  Primary Lab Name:  Subcontracted? (Y/N):

Analysis Lab MA Cert.#: MA-005 Analysis Lab: Andover Water Plant Lab

☒ Original Report ☐ Resubmitted Report ☐ Confirmation Report

(1) Reason for Resubmission: ☐ Resample ☐ Reanalysis ☐ Report Correction (2) Collection Date of Original Sample:

TC Method	<i>E.Coli</i> Method	Fecal Coliform	HPC Method
9223B	9223B		9215B

Lab Sample Notes:

DEP Sample Type, Location Code#, and DEP Approved Sample Site Location must correspond to the sample information on your DEP Total Coliform Sampling Plan

<sup>2</sup> SWTR systems: HPC samples shall be taken at the same distribution sites and at the same time as total coliform, whenever chlorine residual is not detected at the sample site.

<sup>3</sup> Sample Type: RS-Routine Distribution Sample, RO-Original Site Repeat, UR-Upstream Repeat, DR-Downstream Repeat, AR-Additional Repeat, RW-Raw Water, PT-Plant Tap, SS-Special Sample

<sup>4</sup> Report as #/100 mL, P (present), A (absent), or Too Numerous To Count: TNTC-I (invalid) or TNTC-P (present).

<sup>5</sup> Collect appropriate number of repeat samples within 24 hours of laboratory notification for coliform-positive or invalid samples. Notify DEP of any routine or repeat E. Coli or fecal positive results by the end of the business day.

*I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.*

Laboratory Authorized Signature and

Date: Alan Carter 10/27/16

DEP Review Status:	<input type="checkbox"/> Accepted <input type="checkbox"/> Disapproved
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Review Comments: